

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000743

FILED  
Jul 06, 2007  
Secretary of State

**Entity Name:** COMMUNITY REVIVAL CENTER APOSTOLIC, INC.

**Current Principal Place of Business:**

1964 MCQADE STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 61883  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 59-3000424      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ADAMS, SR., ARTHUR L PASTOR  
6030 SUDBURY AVENUE  
JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, SR., ARTHUR L  
Address: 6030 SUDBURY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: ADAMS, SONYA  
Address: 7981 SHRIKE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: T ( ) Delete  
Name: JENKINS, CHARLES  
Address: 1948 VAN BUREN AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: MEDLOCK, ANTHONY  
Address: 7395 HIGH BLUFF RD. NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

Title: C ( ) Delete  
Name: GRANT, REBECCA  
Address: 8136 VOONHINES RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: C ( ) Delete  
Name: HARRIS, JANICE  
Address: 6774 HEMA RD  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONYA M. ADAMS

S

07/06/2007

Electronic Signature of Signing Officer or Director

Date